OCT 0 7 2004

PETITION FOR EXTENSION OF TIME UNDER 37 CFR 1.136(a)			Docket Number (Optional) 73552/7114
		In re Application of PAI, Wan-Chich	
		Application Number 09/675,541	Filed 09/29/2000
		For METHOD FOR UTILIZING TENDIGITAL AUDIO CODING	MPORAL MASKING IN
		Group Art Unit 2654	Examiner Qi Han
This is a request under the provisions of 37 CFR 1.136(s) to extend the period for filing a reply in the above identified application.			
The requested extension and appropriate non-small-entity fee are as follows (check time period desired):			
⊠	One month (37 CFR 1.17(a)(1))		\$ <u>110.00</u>
	Two months (37 CFR 1.17(a)(2))		\$ <u>430.00</u>
	Three months (37 CFR 1.17(a)(3))		\$ <u>980.00</u>
	Four months (37 CFR 1.17(a)(4))		\$ <u>1.530.00</u>
	Five months (37 CFR 1.17(a)(5))		\$ <u>2,080.00</u>
Applicant claims small entity status. See 37 CFR 1.27. Therefore the fee amount shown above is reduced by one-half, and the resulting fee is: \$			
☐ A check in the amount of the fee is enclosed.			
☐ Payment by credit card. Form PTO-2038 is attached.			
 ☐ The Commissioner has already been authorized to charge fees in this application to a Deposit Account. ☐ The Commissioner is hereby authorized to charge any fees which may be required, or credit any overpayment, to Deposit Account Number <u>08-1135</u>. 			
I am the applicant/inventor			
assignee of record of the entire interest. See 37 CFR 3.71. Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).			
	⊠ attorney or agent of record	i. ·	
Registration number if acting under 37 CFR 1.34(a).			
WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.			
	Date: October 7, 2004	Sknature	ABC
Martin R. Bader, Req.:No. 54.736 Typed or printed name NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, soo bolow.			

Total of 1 forms are submitted.

Burden Hour Statement. This form is estimated to take 0.1 hours to complete. Time will very depending upon the needs of the Individual case. Any comments on the amount of time you are required to complete this form is stoud be sent to the Chief Intermation Officer, U.S. Patient and Trademark Office. Youshington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patients, P.O. Box 1450, Alexandria, VA 22313-1460.

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